

| POSITION                  | INITIALS    | ID NO. | DATE             |
|---------------------------|-------------|--------|------------------|
| FEE DETERMINATION         | T. G. E. H. |        | 7/12/01 07-12-01 |
| O.I.P.E. CLASSIFIER       |             |        |                  |
| FORMALITY REVIEW          | TT          | 1112   | 8/22/01          |
| RESPONSE FORMALITY REVIEW | M.D.        | 625    | 03-08-01         |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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